

DO NOT WRITE  
ON THIS STUVS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

V. S. No. 300

Rev. 10-48

0750

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-0

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-62-019736

State File No. ....

FILED MAY 31 1962

BIRTH NO. ....

REG. DIST. NO. 254

PRIMARY REG. DIST. NO. 5867

Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Oregon</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Thayer</b>				c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY OR TOWN <b>Thayer</b> 0750	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Herbert</b> b. (Middle) <b>Lee</b> c. (Last) <b>Cantrell</b>				4. DATE OF DEATH (Month) <b>May</b> (Day) <b>20</b> (Year) <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-3-1932</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Central Last Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Factory</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oregon Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ben Cantrell</b>				13b. MOTHER'S MAIDEN NAME <b>Lola Bell</b>		14. NAME OF HUSBAND OR WIFE <b>Shirley Temple Combs</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>Korean War</b>				17. INFORMANT'S SIGNATURE OR NAME <b>Shirley Cantrell, Thayer, Missouri</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Maximal Cerebral Stenosis - Insultation - Skull Fracture from Car Accident</b> INTERVAL BETWEEN ONSET AND DEATH <b>5/20/62</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		075	
21a. ACCIDENT (Specify) <b>SUICIDE</b> <b>Auto</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>Highway 142</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Thayer Oregon Missouri</b>		21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>May 20 62 3:45</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3:45 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John R. Eickson</b> (Degree or title) <b>S.O. 2</b>				23b. ADDRESS <b>Thayer, Missouri</b>		23c. DATE SIGNED <b>5/22/62</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-22-1962</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Thayer Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Thayer, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-24-62</b>		REGISTRAR'S SIGNATURE <b>John R. Eickson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carter Funeral Home, Thayer, Mo.</b> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained  
May 22-62

2961 JUN 1 1962

2961 JUN 1 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed me,  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leland Carter

Licensed Embalmer No. 4516

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.